



NASW

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Testimony on SB 408: AAC Mental Health Options For Adult Medicaid Recipients
Human Services Committee
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Submitted By: Stephen A. Karp, MSW

On behalf of the National Association of Social Workers, CT chapter representing over 3,000 members we support SB 408 as it is an effective means to expand both access and provider choice to the adult Medicaid population. NASW/CT also supports expanding the language of SB 408 to include Licensed Clinical Social Workers (LCSW). Proposed language to accomplish this follows this testimony. Our support of SB 408 is not however contingent on inclusion of LCSWs though such inclusion will strengthen SB 408 in its purposes of advancing access to mental health care and expanding choice of providers.

Before discussing the bill I want the Committee to understand the requirements for the LCSW. One must have a master degree in social work from a Council on Social Work Education accredited program, have 3,000 hours of post-master clinical experience, complete 100 hours of one-on-one supervision by a LCSW, and pass a nationally recognized clinical examination.

Under the Affordable Care Act, Medicaid coverage has been significantly expanded. As of February 10, 2014 there were 71,000 individuals who qualified for Medicaid through the Health Care Exchange with 49,000 of them covered under the Medicaid expansion. This very successful expansion of health care coverage requires an expansion of providers who accept Medicaid. In regards to mental health care for adults such an expansion of providers is particularly critical since the current Medicaid providers are limited to facility based and psychiatrists in private practices. The current system already has long wait periods for the adult population and the Medicaid expansion will create even longer wait lists. For example, a NASW member who practices in Northeastern Connecticut reports wait times of 1-2 months. Compare this to private providers that often can see a new client within 1-2 weeks. SB 408 clearly will increase access to mental health services and if LCSWs are included it will significantly increase access to care.

Besides access to care SB 408 increases Medicaid recipient's choice of provider. If you are an adult with private insurance coverage you have the choice of seeing a psychologist or clinical social worker in either a facility based service or private practice. However individuals covered under Medicaid lack equal choices thus have to find a clinic or qualified health center for mental health services. Not all communities have clinics or health centers, nor would every adult Medicaid recipient necessarily choose a clinic or health center over a private practice if given access to both. Adults on Medicaid deserve the same choices of providers as adults with commercial insurance. SB 408 addresses this inequality of choice.

LCSWs have long been cost effective qualified providers under HUSKY A & B. LCSWs are also providers under private insurance plans, Medicare, and Tri-Care. While self-insured plans do not come under the state insurance law that includes LCSWs as providers, most self-insured plans accept LCSWs as providers. Given this broad provider status, **including HUSKY A & B**, we see no rationale for not allowing LCSWs to be providers of mental health services to adults covered by Medicaid.

Social workers are well trained in addressing the needs of low income individuals and families. Our LCSWs are familiar with community based services and case management so they can address the full range of mental health issues that the adult Medicaid population may present. LCSWs in private practice are seasoned practitioners who bring years of experience to their practice. This is a practitioner population that one would think DSS would be seeking to have participate in the Medicaid program for adults.

At least two-thirds of all mental health services in CT are delivered by clinical social workers. In 2013 there were 5,822 licensed clinical social workers and 1,912 licensed psychologists in Connecticut. While not all of these practitioners are in private practice or would seek to be Medicaid providers a significant number would enroll as providers (in a 2006 NASW study 17% of licensed social workers were in private practice). A 2012 NASW/CT survey of our members who are LCSWs in private practice treating adults found that 62% of the respondents want to accept Medicaid recipients and another 25% would consider it (there were 167 responses with survey results below). Most months I get calls from LCSWs inquiring as to whether we are eligible providers for HUSKY C & D as they have a Medicaid recipient wishing to see them. How ironic that we have qualified mental health providers seeking to be Medicaid providers and DSS declining such status.

I inquired of other NASW chapters around the country as to whether social workers were Medicaid providers and of those that responded I have identified 14 states that include clinical social workers. The list of those states is at the end of this testimony.

NASW/CT urges support of SB 408 in order to expand access to mental health services to the adult Medicaid population. Qualified mental health services is critically important and having psychologists, and we hope licensed clinical social workers, included as providers for the Medicaid adult population assures that there is access, choice and qualified providers available to the full Medicaid population.

Proposed New Language

Not later than October 1, 2014, the Commissioner of Social Services shall amend the Medicaid state plan to include services provided by licensed clinical social workers licensed under chapter 383b to Medicaid recipients who are twenty-one years of age or older. The commissioner shall include such services as an optional service covered under the Medicaid program and provide direct Medicaid reimbursements to licensed clinical social workers who are enrolled as Medicaid providers and who treat such Medicaid recipients in private offices that are not located in or affiliated with a clinic or federally qualified health center.

STATES RECOGNIZING CLINICAL SOCIAL WORKERS AS MEDICAID PROVIDERS

The following is a list of those states that responded to an inquiry by NASW/CT to other NASW chapters as to whether their state allows licensed clinical social workers in private practice to be providers under Medicaid. Not all states responded to this survey.

Colorado
Georgia
Kansas
Louisiana
Maine
Massachusetts
Montana
North Carolina
Rhode Island
South Dakota

Texas
Vermont
Wisconsin
Wyoming

MEDICAID SURVEY OF CLINICAL SOCIAL WORKERS

In February 2012 NASW/CT conducted a survey of clinical social workers in private practice to determine the level of interest in being a Medicaid provider for the adult Medicaid population. The survey was done through Survey Monkey and emailed to the NASW/CT membership. A total of 167 clinical social workers responded. Below are the key findings from the survey results.

- **62.3% responded that they want to serve the adult Medicaid population.** 25.1% said they were not sure. Only 13.2% said no.
 - 69.8% said they take after hour calls in cases of emergencies.
- 58.4% normally respond to calls within 8 hours, 20.5% within 12 hours and 21.1% within 24 hours.
- 65.6% have a collaborative relationship with a practitioner who can prescribe medication.
- Of those who work with a prescriber 28.6% report the prescriber accepts Medicaid, 34.1% report the prescriber does not accept Medicaid and 38.1% did not know.

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